



**U.S. Immigration
and Customs
Enforcement**

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

Pharmaceutical Services and Medication Management Guide

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Foreword

This *Pharmaceutical Services and Medication Management Guide* supplements the following IHSC Directive:

IHSC Directive: 09-02, *Pharmaceutical Services and Medication Management*.

This Guide explains concepts, assigns responsibilities and details procedures for pharmaceutical services and medication management.

The intended audience is IHSC health care providers.

I. Overview of Pharmacy Program

A. Introduction

IHSC pharmacists work as part of an interdisciplinary team with other health care professionals within U.S. Immigration and Customs Enforcement (ICE) detention facilities. Pharmacists' responsibilities include: adjudication of the medication orders, dispensing, counseling, educating (staff and detainees) and monitoring the safe and appropriate use of medications while following IHSC Clinical Practice Guidelines and the national formulary. Viewed as health care providers and equal partners in health, IHSC pharmacists play an integral role in ensuring appropriate and timely comprehensive pharmaceutical care is provided to detainees in ICE custody. IHSC pharmacists may enter into collaborative practice agreements with physicians in order to manage a variety of disease states, medications and preventive health services. The physician/pharmacist collaborations seek to expand access to care and improve clinical outcomes. The disease states, medications and preventive health services that may involve collaborative practice agreements include, but are not limited to: anticoagulation, immunizations, diabetes mellitus, HIV, and hepatitis.

B. Regional Pharmacy Program

The IHSC Pharmacy Program consists of 16 pharmacies located throughout the continental United States. Each IHSC Pharmacy is assigned to either the Eastern or Western Region. Each region is led by a Regional Pharmacy Consultant tasked with working directly with the IHSC Chief Pharmacist to streamline pharmacy operations and communications. Lead pharmacists in each region report directly to their respective Regional Pharmacy Consultant. The IHSC Chief Pharmacist and Regional Pharmacy Consultants meet regularly to discuss all pharmacy related issues and provide direction and leadership to the IHSC Pharmacy program.

C. Clinical Pharmacist Services

Clinical Pharmacist Collaborative Practice: Pharmacists who wish to provide direct clinical care to patients must maintain a collaborative practice agreement/protocol with a supervising physician. The requirements set forth in the IHSC Clinical Pharmacist

Collaborative Practice Guide must be fulfilled before the CPA is submitted to the IHSC Chief Pharmacist and Associate Medical Director for approval.

Pharmacist eligibility. In order to provide clinical care to patients, pharmacists must meet one of the following requirements in addition to his/her qualifying degree:

Certification in Medication Therapy Management (MTM)

National Specialty Board Certification (BCPS, BCACP, etc.)

On-Site IHSC Medical Facilities



II. PHARMACY OPERATIONS

A. Equipment in the Pharmacy includes at least:

- Adequate computer and peripherals;
- Refrigerator dedicated to and appropriately labeled for the storage of medications and biologicals;
- Sink with hot and cold running water;
- Adequate HVAC and lighting;
- System to monitor temperature control that meets compendia/U.S. Food and Drug Administration (FDA) standards;
- Adequate shelving, storage, and counter space; and
- Appropriate reference materials (e.g., journals, books, electronic or Internet-based reference materials).

B. Staffing

A pharmacist (lead pharmacist), who is appropriately licensed, directs the pharmacy department at IHSC medical facilities and reports to the health services administrator (HSA). The HSA provides general guidance for the operation of the pharmacy service within the framework of the medical facility, and the regulations and standards of the IHSC. Technical and administrative supervision is provided as necessary by the IHSC Regional Pharmacy Consultants, IHSC Chief Pharmacist, and/or the Associate Medical Director.

Non-Pharmacist Personnel (e.g., technicians, aids). Non-pharmacist pharmacy personnel work directly under the supervision of a pharmacist such that the lead pharmacist is fully aware of all of the technician's activities involving the handling of medications. All assigned duties of the technician are consistent with their training and experience.

During Absence of Pharmacist (sites with staff pharmacy technician). When the pharmacist is absent, the pharmacy technician prepares prescriptions for dispensing. A physician subsequently checks the prescriptions for accuracy.

Coverage During Absence of Pharmacist (sites without a staff pharmacy technician). When the pharmacist is absent for a week or longer, the HSA may (after receiving approval from the Associate Medical Director) obtain the services of a contract pharmacist, arrange for approved mail order pharmacy coverage, or contact the IHSC Regional Pharmacy Consultant to determine other available and appropriate options. The IHSC Regional Pharmacy Consultant may authorize remote filling from another IHSC Pharmacy.

C. Orientation

The purpose of orientation is to develop an understanding of the purpose, function and responsibilities of the department as well as its relationship to other IHSC departments, services and personnel. All incoming pharmacy personnel receive an orientation. This orientation includes the following (Appendix 1, Appendix 2):

- Introduction to existing department staff;
- Explanation of job description and duties;
- Explanation of expected levels of job performance;
- Reading of IHSC directives, guides, and operations memoranda;
- Completion of orientation to pharmacy areas; and
- Review of the IHSC Field Orientation Guide.

D. Pharmacy Services Coverage

Regulations and Standards. The lead pharmacist is responsible for the purchase, inventory control and record keeping of all Drug Enforcement Administration (DEA) controlled substances and IHSC restricted items stored in the pharmacy. The pharmacy service will comply with all appropriate U.S. Public Health Service (USPHS), IHSC, DEA and other federal regulations, accrediting body standards, and all appropriate national

standards of practice.

DEA Registration. The lead pharmacist is responsible for securing and maintaining a current facility DEA Registration Number. In the absence of a pharmacist, the Clinical Director (CD) performs this duty.

State Licensure. IHSC is a joint venture of two federal agencies (ICE and PHS); the IHSC pharmacies neither obtain nor maintain state pharmacy licenses. Questions related to state pharmacy licensure requirements are referred to the IHSC Chief Pharmacist for either explanation and/or assistance in resolution.

Pharmaceutical Company Representatives. Entry into a medical facility by pharmaceutical company representatives requires ICE Officer in Charge (OIC) approval. The pharmacist obtains such approval through the HSA. Pharmaceutical representatives are limited to non-patient care areas and are excluded from all detainee areas for safety and security reasons. Pharmaceutical samples are not permitted in IHSC medical facilities.

Inventory. Smaller facilities may elect not to stock all of the available drugs as a result of practice or storage limitations. It is recommended that each medical facility stock at least one drug in each of the available drug classes in order to provide a viable therapeutic alternative and to minimize costs and problems related to the writing and acquisition of contract prescriptions.

E. Safety/Security of Medications

Pharmacies and drug storage areas should be secured at all times and access should be limited to approved IHSC staff. The HSA works with local ICE administration to ensure that each pharmacy and drug storage area has adequate locking devices. The pharmacist ensures that all controlled substances are stored in either a safe or a locked cabinet within the locked pharmacy or drug storage area.

Emergency Medications/Supplies. Emergency drugs and medical supplies are stored in a locked cabinet accessible only to the health care provider in charge. An inventory control system is maintained for the contents of the emergency/night cabinet.

Non-IHSC Staff. Contract pharmacists should have access to the pharmacy in order to ensure continuity of care in the absence of the pharmacist. Non-medical personnel (e.g., custodians or contract workers) must be accompanied by IHSC pharmacy staff at all times when in the pharmacy and by IHSC staff when in drug storage areas.

Detainee Workers. Detainees are not allowed access to the pharmacy or to the drug storage areas except for housekeeping purposes. In those instances, detainees must be under constant direct visual supervision by pharmacy staff when in the pharmacy and by IHSC staff when in drug storage areas.

Key Control. Only the pharmacist, pharmacy technician and physician should normally have direct access to the pharmacy in the form of keys or knowledge of the door lock combination.

Storage and Inspections. Drugs are stored separately by the type of drug category in addition to temperature, flammability and security requirements and manufacturer's recommendations. When storage space permits, drugs are stored in alphabetical order, by generic name, within each of the following categories:

- Oral – Inhalant
- Oral - Internal
- External - Topical
- Injectable
- Ophthalmic
- Otic
- Nasal - Inhalant
- Controlled Substances
- Abusable Supplies
- Flammable Items
- Thermolabile Items

Inspection. The pharmacist, or trained designee, physically inspects all drug storage areas on a monthly basis to ensure the absence of expired, recalled or deteriorated drugs, the proper condition of stored drugs, and compliance with manufacturers' storage recommendations.

Checklist. The pharmacist develops a facility specific standardized inspection checklist to document monthly inspections. Completed copies are maintained in the pharmacy files. The pharmacist ensures that problems or deficiencies identified during the monthly inspections are documented and corrected when possible. The pharmacist reports all problems or deficiencies that the pharmacist cannot correct to the HSA.

Surplus/Expired Drugs. The pharmacist designates and clearly marks a specific secure area within the medical facility for the storage of surplus or expired drugs pending appropriate disposal. The pharmacist disposes of surplus or expired drugs via a "reverse distributor" whenever possible. If the surplus or expired drug is a controlled substance, it is disposed of in compliance with DEA regulations.

Temperature Monitoring. All medications are maintained inside a temperature range indicated by their manufacturer as being appropriate for long-term storage. Room temperatures are maintained between 59 degrees Fahrenheit (F) and 80 degrees F. Medications labeled as "Keep Refrigerated" are maintained between 34 degrees F and 46 degrees F. A daily check is made to ensure the room and refrigerator temperatures are within limits. The pharmacist maintains written documentation of room and refrigerator temperatures. Food products are not stored in refrigerators designated for medication storage.

F. Procurement of Medications

The Veterans Administration (VA) Pharmaceutical Prime Vendor Program (VA Prime Vendor) is the mandatory first source for all pharmacy and medical supplies. If the VA Prime Vendor is unable to supply the needed item(s) in the time frame required, other

possible sources include the contract mail order service or private vendors with Federal Supply Schedule Contracts. When a required item is not available from any of these sources, or when there is an emergency requirement for a specific item, the pharmacist may utilize a local pharmacy or other wholesaler. However, such local purchases should be limited as costs are significantly higher than for the same item from a federal source.

III. Prescriptions

A. Authorized Prescribers

The following disciplines are authorized to prescribe medications for detainees at IHSC medical facilities:

Physicians

Dentists

Nurse practitioner (NP) (under approved NP guidelines, a copy of which is maintained in the pharmacy)

Physician assistant (PA) (under approved PA guidelines, a copy of which is maintained in the pharmacy)

Registered Nurses (RN) (under approved RN guidelines, a copy of which is maintained in the pharmacy).

Any prescription written for a controlled substance by a NP or PA should be co-signed by the supervising physician prior to dispensing as specified in the National Formulary. An NP or PA may be privileged to prescribe independently, see section IV below for more detail.

Contract providers empowered to prescribe medications by their state licensing agencies are authorized to prescribe medications for detainees referred to them for care. The pharmacist will orient the contract providers to the formulary system and provide the contractor with a copy. The pharmacist maintains an up-to-date file for each authorized provider, to include typed or printed full name, title and legal signature.

B. Written Prescriptions

All in-house prescriptions are written either under the 'Plan' section of the SOAP (Subjective-Objective-Assessment-Plan) format in the written health record or entered into the electronic health record (eHR). Additionally, prescriptions that are filled by contract pharmacies and all prescriptions for controlled substances are written on a separate prescription blank. All prescriptions that are filled at a contract pharmacy should authorize generic substitution. All prescriptions are prescribed by their generic name. Brand name products that have generics available require a completed and approved Request for Non-Formulary Medication Form ([Form IHSC 067](#)). Only IHSC approved drug abbreviations should be used. No maintenance drug(s) for chronic conditions are discontinued without prescriber concurrence.

Each prescription must include the following information:

Date of order;

Detainee's name and alien registration number;
Drug name, dosage form, strength and quantity;
Directions for use;
Refill information, when appropriate;
Provider's stamped name, title and legal signature or approved electronic entry of name; and
Facility DEA number when a controlled substance.

C. Verbal Orders

Providers should only use verbal prescription orders for medications when they are off-site or during after-hours or emergency situations, or where a delay of giving the medication is expected to cause significant suffering, injury or death to the detainee. Verbal prescription orders may be communicated by an authorized provider to the pharmacist. Verbal orders for an emergency medication order may also be communicated to a licensed vocational nurse (LVN), licensed practical nurse (LPN), RN, NP or PA, but must be co-signed within 72 hours by the responsible provider. When receiving a verbal order, the person taking the order should write the order down in the health record and read it back to the provider. The provider should then verbally confirm that the order is correct by repeating it again. The person taking the order should note in the detainee's eHR that the provider read back and verified the order.

IV. DEA Controlled Substances and Record Keeping

A. Prescriptions

A prescription order for a controlled substance may be issued only by a physician, dentist or mid-level provider (MLP) who is:

Authorized to prescribe scheduled medications by the jurisdiction in which he or she is licensed to practice; and

Registered under the Controlled Substances Act or is exempt from registration. IHSC federal and contract providers operating under their facilities DEA controlled substance registration certificate are exempt from individual registration.

An MLP may be individually privileged by their supervising physician to prescribe certain controlled substances for specified durations without a physician co-signature, only as permitted by the MLP's licensure and the IHSC formulary. The "Controlled Substance Prescribing Privileges for IHSC Midlevel Providers" (IHSC Form 921) will be completed upon initial employment with IHSC and will remain active through the duration of the MLP's current license unless modified by the supervising physician. Controlled substance privileging will be renewed at the time of the MLP's medical or nursing license renewal. An MLP who is not individually privileged to prescribe controlled substances will have all orders for controlled substances co-signed by a physician.

During the hours that a pharmacy is closed or in the absence of the pharmacist, only a physician or a contract pharmacy can dispense a controlled substance. Nurses may administer a controlled substance upon orders of a medical provider.

A staff physician, dentist, or properly privileged MLP may give a verbal order for a prescription or an administration order for a controlled substance. This order must then be co-signed by the originating provider within 24 hours or the close of the next clinic working day.

B. DEA Form 222 & Invoices

A DEA Form 222 must be utilized to purchase or transfer schedule II controlled substances. DEA Form 222 must be ordered directly from the DEA and is a triplicate form with preprinted information unique to each registrant IHSC Pharmacy. DEA Form 222s are numbered serially and are sent in batches of 7 or 14. Each DEA Form 222 must be completed with no errors; otherwise the supplier will reject the order. All DEA Form 222s must be tracked including voided, used and unused forms. DEA Form 222s must be stored in a locked location and the serial numbers for lost DEA Form 222s must be reported to the nearest DEA office. Unused DEA Form 222s must be returned to the nearest DEA office. Fully executed DEA Form 222s (blue) are filed and retained in the Pharmacy indefinitely.

Completing a DEA Form 222

Copy 1 (brown) and Copy 2 (green) must remain attached (with carbons intact) and are mailed or delivered to the supplier. Copy 3 (blue) is retained and completed by the purchaser when the shipment arrives. Complete Copy 3 (blue) columns Date of Receipt and Number of Items Received. Only the Chief Pharmacist (or pharmacist granted power of attorney) can sign a DEA Form 222.

Invoices received subsequent to orders for controlled substances are reviewed, filed and stored in the pharmacy.

C. Monthly Inventory

The pharmacist will maintain a perpetual inventory control system for all controlled substances and for all abusable supplies (e.g., syringes, needles, scalpels, and suture kits) stored in the pharmacy. The pharmacist will conduct a physical inventory of all controlled substances assigned to the pharmacy at least once monthly, preferably on the last working day of each month. The pharmacist and CD (or their designees) will sign off on the monthly count. A monthly printout from the VA Prime Vendor of all controlled and dangerous substances must be ordered. This externally generated validation MUST be compared with on-site records to ensure that all medications ordered are accounted for on the monthly inventory. A copy of the monthly inventory report will be maintained with the controlled substance records. The Regional Pharmacy Consultants will audit controlled substances records during periodic site visits or electronically if site visits are not feasible.

D. Biennial Inventory

The pharmacist will conduct a biennial inventory of all controlled substances in accordance with DEA regulations and using the following criteria. The inventory should be maintained by the pharmacist and filed with the controlled substances records.

Inventory includes all controlled substances in the pharmacy and throughout the medical facility.

Inventory will be performed at least every two years

Inventory is conducted either at the beginning or end of the workday on any date which is within two years of the previous biennial inventory date.

Inventory is recorded on either an approved DEA form or a locally generated form that includes the drug name, dosage form, strength and quantity of each controlled substance. The list is followed by the name, address and telephone number of the pharmacy, date and time of the inventory, and the printed name, title, and legal signature of the pharmacist conducting the inventory.

E. Transfer of Custody

Changes involving personnel having custody of controlled substances require a written transfer of such custody. Whenever possible, a joint written and signed inventory by the departing and arriving custodians will be taken.

Whenever a joint inventory is not possible, the physician designated by the HSA should temporarily accept custody until arrival of the replacing custodian. The physician will ensure compliance with transfer of custody requirements in the absence of the assigned pharmacist.

V. Prescription Preparation

A. After Hours Medication

The pharmacist will ensure that an after hour medication cabinet or night stock cabinet will be available in the clinic, stored in a locked room and then in a locked cabinet for use after normal pharmacy hours of operation. Medication will be stored alphabetically by generic name and separated into injectable, oral, topical or etc. A proper documentation system must exist for accountability of medication usage, i.e., a log with all fields filled out by the nurse who is removing the item. (Appendix 4)

Prepacking of pharmaceuticals should be tailored to the medical facility requirements and standardized in operation. All prepackaged medication labels must contain the drug name, dosage form, strength, quantity in prepack, general directions for use, lot number and expiration of bulk bottle, and expiration date (twelve months from prepackaged date or the manufacturer's expiration date if less than twelve months shelf life remains). The provider dispensing the medication fills in the date, detainee's name and alien registration number

and prescriber's name and title on the prepackaged item before it is delivered to the patient.

B. Mail Order Pharmacy

If pharmacy services are not available on-site, a contract pharmacy may be used. For routine prescription filling, the central-fill pharmacy process using an alternate IHSC pharmacy (internal) is the preferred option, followed by a contracted mail order pharmacy (external). The pharmacist must contact the pharmacy consultant to determine other available and appropriate options prior to utilizing a contract mail order pharmacy service.

C. Pharmacy Benefit Network

For urgent prescription needs, the Script Care Pharmacy Benefit program may be used to receive pharmacy services from a local pharmacy. This process allows the prescription costs to be directly billed to IHSC HQ for immediate service.

The facility staff should complete the Script Care Pharmacy Benefits Letter template (Appendix 5) and fax it to the local pharmacy they wish to use (Appendix 6).

The staff member should arrange for an IHSC staff member to pick up the prescription once it has been filled or arrange for free delivery.

The staff should then call the pharmacy to confirm receipt of the fax and provide the necessary prescription information as follows:

- a. Detainee's name;
- b. Detainee's date of birth;
- c. Drug name;
- d. Drug strength;
- e. Route of administration;
- f. SIG (Dosing schedule);
- g. Quantity;
- h. Authorizing provider;
- i. Provider's NPI number (available at [NPI Registry Search](#));
- j. Clinic phone number; and
- k. Staff member's name.

D. Medication Renewals/Refills

All renewals must be reviewed by the provider prior to renewing any expired prescription. The pharmacy may provide "Script Expiration Report" from the Correctional Pharmacy Software (CIPS) Program. Automatic refills for 'keep on person (KOP)' medication orders that are still valid are not automatically refilled. The detainee should submit a refill request via the sick call process and the pharmacist determines the detainee's need prior to refilling or upon request by provider.

VI. Compliance, Monitoring and Control

A. External Monitoring

The pharmacy service must comply with all appropriate PHS, IHSC, DEA and other federal regulations, accrediting body standards, and all appropriate national standards of practice. The pharmacist is responsible for securing and maintaining a current facility DEA Registration Number. In the absence of a pharmacist, the CD must perform this duty with assistance from the Regional Pharmacy Consultant.

B. Internal Monitoring

An annual formulary review must be conducted by the IHSC Pharmacy and Therapeutics Committee at least annually in order to maintain an updated national formulary. The formulary is the list of all of the pharmaceuticals approved for routine use by the clinical staff of the IHSC.

The pharmacist or trained designee must physically inspect all drug areas on a monthly basis to ensure the absence of expired, recalled or deteriorated drugs, the proper condition of stored drugs and compliance with manufacturers' storage. The pharmacist must develop and utilize a facility specific standardized inspection checklist to document monthly inspections. Completed copies must be maintained in the pharmacy files for a minimum of three (3) years. The pharmacist or a designee must ensure that problems or deficiencies identified during the monthly inspections are documented and corrected before the next monthly inspection. The pharmacist or a designee must report to the HSA and respective Regional Pharmacy Consultant all problems or deficiencies that they cannot reconcile or correct. All medications must be maintained within a recommended temperature range indicated by their manufacturer as being appropriate for long-term storage. Room temperature must be maintained between 59 degrees F and 80 degrees F. Medications labeled as "Keep Refrigerated" must be maintained between 34 degrees F and 46 degrees F. A daily check must be made to ensure the room and refrigerator temperatures are within limits. Written documentation of room and refrigerator temperature must be maintained. Food products must not be stored in refrigerators designated for medication storage.

C. Pharmacy Reports

The pharmacist must report medication errors on the Incident Reporting Document (IHSC 010) and forward to the HSA as directed. The pharmacist must also complete and forward a MedWatch Report ([Form FDA 3500](#)) to the FDA after each reportable adverse event or product problem. A copy of the MedWatch Report must be retained for local pharmacy files.

The pharmacist must prepare and send following reports through the HSA to the respective Regional Pharmacy Consultant, and the IHSC Chief Pharmacist.

Monthly report: The pharmacist must submit a report of monthly workload statistics for the previous month by the 10th day of each month. This report should include monthly drug expenditures, number of prescriptions filled, number of night cabinet medications issued and number of multiple dose pre-packs prepared.

Quarterly narrative report: The pharmacist must submit a quarterly narrative report of activities for the previous quarter, by the 10th day of each of the following months: October, January, April and July. This report should include accomplishments, problems and measures taken for resolution, pharmacy staffing updates, completed continuous education courses, meetings attended, and facilities visited.

VII. Drug Formulary

A. IHSC National Drug Formulary

The IHSC formulary is a listing of medications approved for use in IHSC affiliated facilities. For facilities directly operated by IHSC, a variety of provider restrictions on medication utilization apply. Brand names are indicated for illustrative purposes. This is not meant to imply an endorsement of any trademarked product. If "A" rated generics are available, their use is normally required over brand name products.

"Physician Use Only" restriction is placed on certain medications that require a physician's approval for both initiation and renewal. If the detainee arrives with "Physician Use Only" medications, an MLP may continue the medication until an IHSC physician reviews the order and makes a judgment regarding the appropriateness of continuing the detainee on medications in this category.

"Physician Initiation Only" restriction is placed on certain medications that require a physician's approval for initiation. An MLP may continue this medication without obtaining the physician's approval. If the detainee arrives with "Physician Initiation Only" medications, an MLP may continue the medication until an IHSC physician reviews the order and makes a judgment regarding the appropriateness of continuing the detainee on medications in this category. The approved IHSC formulary can be found in [IHSC Sharepoint](#) under IHSC Formulary.

Intergovernmental Service Agreement (IGSA) Jail formulary is a listing of medications approved for use in IGSA facilities only.

B. Non-Formulary Medications

Authorization for use of items not in the formulary must be requested from the provider and approved by the CD and the Associate Medical Director (or designee) before medication therapy is initiated or continued, unless there is a compelling medical need that would be expected to result in adverse effects, increased morbidity or increased mortality if therapy is not begun before approval. [IHSC Form 067](#) or the eCW Non-Formulary Form should be used to obtain authorization.(Appendix 8))

The pharmacist must forward copies of all (approved and disapproved) [IHSC Form 067](#) forms for both initiation and continuation of non-formulary medication through the respective IHSC Regional Pharmacy Consultant to the IHSC Chief Pharmacist, at least monthly.

All compounded medications are considered non-formulary items. A non-formulary request form must be approved prior to compounding. The pharmacist will either compound the

required prescription or refer it to a contract pharmacy. The pharmacist must ensure that adequate records and controls are maintained for each compounded item. All compounded item labels must carry an appropriate expiration date based on the expiration date of each ingredient.

A new non-formulary request is not required for continuation of therapy of intra-system transfer detainees who previously had a non-formulary medication approved. A new non-formulary request is not required if a detainee previously taking an approved non-formulary medication leaves ICE custody and returns to ICE custody within 90 days.

VIII. PRESCRIPTION FILLING GUIDELINES

A. Intake Screening Medications

All medications brought into IHSC detention facilities by detainees must be turned over to the medical provider during intake medical screening. The provider will examine the medications, document them in the detainee health record, and determine if they are still necessary and appropriate for the detainee. All incoming medications, except for medications issued by other facilities for transportation purposes, are the property of the detainee and must be placed into the detainee's property (provided the detainee does not have access to them) unless the detainee agrees that destruction of the medication is appropriate. If the detainee arrives at a time when the pharmacy is closed, and the provider feels the detainee requires the medication, the medication must be placed on the "Pill Line" and administered on a dose-by-dose basis until the pharmacist can process the new prescription. If the medication is not stocked by the pharmacy and if the provider feels that a comparable substitute is not available, the detainee's medication may be used. If additional non-formulary medication is needed, the Non-Formulary Medication Request Form ([IHSC Form 067](#)) or the eCW Non-Formulary Form must be filled out and forwarded as described above. Only medications that are properly labeled and bear clear markings on the tablet or capsule to indicate a legitimate manufacturer will be used. Detainees will be allowed to keep inhalers and nitroglycerin that are in their possession.

B. Keep on Person Medications

Detainees may only possess medications that were ordered by or reviewed and approved by IHSC providers. Medications that may not be possessed by detainees at any time include controlled substances, medications for treatment of tuberculosis and medications for treatment of psychiatric conditions. A detainee may only possess one container of a particular medication at any given time, and prescription medications must be properly labeled with the detainee's name. Detainees may possess only reasonable quantities of over-the-counter (OTC) medications. A reasonable quantity is defined as a three day supply. Detainees will only be allowed to possess up to a 30-day supply of medication for "keep on person (KOP)" prescription medications or a single unit (e.g., inhalers, eye drops bottle). Quantities in excess of these amounts must be turned back into the clinic for appropriate disposition.

Medications must be dispensed in plastic containers, except for nitroglycerin, which is dispensed in its original glass container per manufacturer's recommendation. Medications purchased in glass containers from a supply source are transferred to medically appropriate plastic containers prior to dispensing.

Detainee identification is verified by at least two methods prior to dispensing KOPs or providing pharmaceutical services to a detainee. Identification measures include requesting the detainee identification wrist band, the detainee identification card or detainee date of birth; asking the detainee to state their name; or requesting the detainee's complete or partial alien registration number.

Health care providers must ensure that detainees receive counseling for each medication at the initiation of therapy and that detainees understand the counseling that is provided. Medication counseling may be given on initiation of drug therapy by verbal instruction, written materials, or a combination of both. Medication counseling includes name of medication, purpose or pharmacological action of the medication, directions for use including frequency of administration, significant side effects or interactions, and any other relevant information. Medication counseling materials are available in both English and Spanish for most medications contained in the formulary. Pharmacists can contact the Regional Pharmacy Consultant regarding the availability of the materials in other languages.

C. Pill Line Medications

The pharmacist, in cooperation with the HSA and CD, must develop and implement a distribution system for supervised dosing of restricted medications at all medical facilities in accordance with the *IHSC Medication Administration Guide*. Procedures at each medical facility must take into consideration staffing, hours of operation, equipment and space. The following medications must be administered through this system:

- All controlled medications.
- All tuberculosis treatment medications.
- Any other drugs that the local Governing Body determines should be restricted because it lends itself to abuse.
- Any medication for which the CD feels patient compliance should be monitored.
- Oral medications provided to a detainee in segregation with the exception of nitroglycerin. KOP status may be continued for topical creams and ointments; inhalers (and spacers, if issued); suppositories; and eye, ear and nasal medications unless pill line use is deemed necessary by the prescriber. The prescriber may make an exception for KOP use of other medications on an individualized basis and must document this in the health record.

The following medical disciplines are authorized to administer medications to detainees:

Physicians
Dentists
NPs

PAs
RNs
LPNs
LVNs
Pharmacists (administer medication [medication and route] in accordance with their state licensing agencies and as approved by the Associate Medical Director or designee).
Contract providers (empowered to administer medications by their state licensing agencies).

D. Transfer Medications

Detainees transferred from one detention facility to another must be provided the following quantities of medication:

At least a seven-day supply of medications as ordered by the prescribing authority.

At least a 15-day supply of medications for the treatment of tuberculosis.

At least a 30-day supply of HIV/AIDS medications.

The CD may be allowed to prescribe for a greater supply in special cases. In these cases, the CD must check with the chain of command for concurrence.

Medications that are dispensed directly to the detainee upon release from custody require child resistant packaging. Non-child-resistant packaging may be provided if such consent is provided by the detainee and documented in the medical record.

E. Discharge Medications

Detainees released from ICE custody must be provided the following quantities of medication:

Up to a 30-day supply of medication as ordered by the prescribing authority.

At least a 15-day supply of medications for the treatment of tuberculosis.

Medications that are dispensed directly to detainee upon release from custody require child resistant packaging. Non child resistant packaging may be provided if such consent is provided by the detainee and documented in the medical record.

IX. Pharmacy and Therapeutics (P&T) Committee

A. Committee Responsibilities

The P&T Committee's primary responsibility is to ensure quality and cost effective support of pharmacy related clinical and administrative services and compliance with national standards. This includes, but is not limited to:

Developing and maintaining a national formulary of pharmaceuticals.

Evaluating clinical data, literature and field input for the purpose of formulary modification.

Reviewing and re-evaluating the list of items available on urgent care carts and in first aid kits.

Reviewing reported drug experience and drug defect reports.

Providing recommendations regarding pharmacy directives, appropriate personnel, equipment, and space for effective and efficient pharmacy and medical supply management.

Reviewing and recommending, in conjunction with other IHSC consultants, extender-prescribing privileges.

B. Committee Meeting

The committee membership consists of the following voting members:

Chairperson, IHSC Associate Medical Director.

Committee Director, IHSC Chief Pharmacist.

Further membership is determined by the Committee Chair and Committee Director with field representation for medical, dental, psychiatric, MLPs and nursing.

Members meet annually and on an as needed basis. The Committee Director discusses recommendations and follow-up requirements with the Chairperson and prepares and disseminates an agenda at least five days prior to each scheduled meeting.

A permanent record (minutes and associated documentation) of proceedings and activities is kept on file with the Committee Director. Copies of the minutes are disseminated to members of the Committee and to the HSA and CD at each IHSC staffed site. HSAs disseminate meeting minutes to all site medical staff. The meeting minutes are available in the global drive, under the pharmacy.

C. Clinical Pharmacist Services and Collaborative Practice Agreements

Pharmacists who wish to provide direct clinical care to detainees must maintain a collaborative practice agreement and protocol with a supervising physician. The clinical pharmacist and supervising physician must review the protocol together and mutually agree on which medical conditions the pharmacist is authorized to treat. Upon completion of local protocol and approval by chain of command (IHSC Chief Pharmacist and Associate Medical Director), the collaborative practice agreement will be considered in effect. Collaborative practice agreements must be reviewed and renewed at least annually (See Clinical Pharmacist Collaborative Practice Guide).

Pharmacist eligibility

In order to provide independent clinical care to detainees, pharmacists must meet one of the following requirements:

- a. Certification in Medication Therapy Management
- b. National Specialty Board Certification in Pharmacotherapy or Ambulatory Care Pharmacy

D. Pharmacist immunization services

An IHSC pharmacist may provide immunization services in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines to detainees so long as he or she has completed appropriate immunization administration training and is empowered to administer immunizations by his or her state licensing board. Immunizations administered to detainees must be in accordance with IHSC national policy regarding vaccinations.

APPENDIX 1: Pharmacist Orientation Checklist

ORIENTATION MODULE TOPIC	SKILL TO BE ACHIEVED	TIME NEEDED	LEARNING ACTIVITIES	PERFORMANCE MEASURE
Pharmacy Program Briefing Power Point	Employee will be able to understand the overview of the pharmacy program within the agency.	1 hour	1. Employee will attend Power Point presentation.	Discussion with the IHSC Chief Pharmacist ensuring comprehension of the program's goal and expectation.
<u>Commissioned Officer</u> Billet Description Chief Pharmacist Governing Board Member	Employee will perform and meet expectations detailed by current billet description, as well as contribute to clinic decision-making via Governing Board as a proponent for efficient pharmacy services.	1 hour	1. Employee will read and maintain a current billet description. 2. Attend/ participate in local Governing Board meetings.	Documented attendance sheet at Governing board and informal discussion ensuring comprehension of expected duties.
<u>Pharmacy Staffing</u> Regional Pharmacy Consultant Chief Pharmacist Pharmacy Technician	Employee will be able to manage all additional pharmacy personnel, as well as non-pharmacy personnel regarding all pharmacy-related clinic processes.	1 hour	1. Employee will read Standard Operating Procedures (SOP) and Local Operating Procedures (LOP) for pharmacy services and provide all necessary training to pharmacy and non-pharmacy personnel involved in pharmacy services/processes in accordance with SOP and LOP documents.	Discussion with pharmacy staff/peripheral clinic staff to ensure comprehension of pharmacy processes.
IHSC Policy and Procedure (Directives and Guides)	Employee will be able to cite standard operation procedures as related to pharmacy processes dictated by IHSC policy.	4 hours	1. Employee will read and familiarize self with IHSC Pharmacy Policy and SOP.	Discussion to ensure comprehension of IHSC Directives and Guides and ability to produce hard/electronic copies of IHSC Directives and Guides.

IHSC Pharmacy Local Operating Procedures	Employee able to cite LOP as related to pharmacy processes dictated by local written policy.	1.5 hours	1. Employee will read and familiarize self with LOP.	Discussion to ensure comprehension of LOP and ability to produce hard/electronic copy of LOP.
<u>Regulations and Standards</u> Drug Enforcement Administration Pharmacy licensure Accreditation Standards	Employee able to detail DEA requirements, maintain uninterrupted U.S State Pharmacy licensure and fulfill multiple accreditation standards.	3 hours	1. Employee will locate clinic DEA license/certification and maintain proper record management of all narcotic prescriptions per DEA handbook. 2. Maintain pharmacist licensure with copies to administrator for personnel file per State Pharmacy Regulatory Board where license is held. 3. Read, implement and ensure required accreditation components maintain full passing status for all accrediting bodies.	Can produce current and active licensure, Clinic DEA license/certification with DEA number, signed hard-copies of narcotic prescriptions, narcotic inventory logs, and pass all accredited audit compliance measures via random review of components.
IHSC National Pharmacy and Therapeutics (P&T) Committee	Employee able to maintain IHSC National Pharmacy and Therapeutics Committee minutes and implement related decisions to the pharmacy and the clinic. Employee able to understand the content of the minutes well enough to educate the provider and medical staff regarding the changes made during the P&T Meeting.	1 hour	1. Employee will read and maintain accessible archive of meeting minutes.	Can produce hard/electronic copy of meeting minutes. Understands the content of the minutes.

<u>IHSC Drug Formulary Inventory</u>	Employee able to detail and implement division process for non-formulary requests, be familiar with and/or refer to current division formulary, and provide primary and alternate options for procurement of medication supply.	1.5 hours	Employee will: 1. Read Directives & Guides detailing non-formulary request processes and maintain record of these requests. 2. Read the current hard/electronic copy of the IHSC formulary. 3. Receive training to detail all available processes for drug ordering, maintain documented monthly narcotic supply inventory and biennial narcotic inventory reports.	Can produce non-formulary drug requests, current IHSC formulary, narcotic logs and narcotic inventory reports and describe all medication ordering options.
<u>Medication Storage and Inspection</u>	Employee able to maintain storage and inspection requirements of medications as well as proper medication disposal processes.	1 hour	1. Employee will read Directives & Guides to detail maintenance of monthly inspection logs including storage and daily refrigerator temperature logs. 2. Employee will contact local County Hazmat to understand drug disposal requirements. 3. Employee will contact reverse distribution company to understand procedures, where applicable.	Can produce monthly inspection logs of storage areas, refrigerator temperature daily logs, medication disposal logs provided by disposal company, and reverse distribution logs provided by reverse distributor.
<u>Required Reports and Forms</u> <u>Monthly Report</u> <u>Quarterly Report</u> <u>Needed Forms (ADR & Medication Errors)</u>	Employee able to detail required components of various monthly and quarterly reports to Division Chief Pharmacy Consultant. Also able to utilize ADR reporting via proper processes and track/monitor Medication Error reports.	1.5 hours	1. Employee will read Pharmacy Directives & Guides regarding required reports. 2. Employee will receive training from the local performance improvement (PI) coordinator for medication error reporting processes, as well as pharmacy PI quarterly medication study fulfillment.	Can produce archive of monthly and quarterly reports, as well as archived medication error tracking. Discussion with PI coordinator to learn review process of improvement data.

<u>Medication Prescribing</u> Required Prescription Format	Employee able to describe valid prescription prescribing and prescription requirements for pharmacy fulfillment.	1 hour	1. Employee will read Directives and Guides regarding prescription order requirements, verbal order of prescriptions, and transfer of detainee medication supply policies.	Employee demonstrates preparation of medications for regular prescription fulfillment, fulfillment for detainee transfers, and details the requirements for verbal prescription orders via discussion.
Verbal Order Prescription Justice Prisoner Alien Transportation System and Book out Medications	Employee able to understand the proper policy regarding use of verbal prescription orders. Employee able to distinguish prescription requirements for transfer of detainees out of facility – especially those of the Justice Prisoner & Alien Transport System (JPATS) program			
<u>Prescription Filling</u> Ambulatory Care Medications	Employee able to describe valid prescription prescribing and prescription requirements for pharmacy fulfillment.	2 hours	1. Employee will receive electronic health record (eHR) training (or equivalent for sites using paper charting) regarding the prescription fulfillment process from ambulatory providers.	Able to generate filled prescriptions from a generated prescription order utilizing proper documentation and charting of notes when necessary.
Required Medical Record Format	Able to recognize proper and improper medical record format and documentation of pharmacy notes as well as required pharmacy label information and format.		2. Receive Correctional Pharmacy Software (CIPS) pharmacy processing training to generate proper review and prescription filling	Can demonstrate navigation of medical record to gain and review components of medical chart information.
Required Pharmacy Label Format				
Prepackaging Medications	Employee able to provide prepackaged medications when necessary in accordance with division policy.	1 hour	1. Employee will receive CIPS pharmacy processing training to generate proper prepackaged medication labels and maintain a comprehensive log of all prepackaging activities per review of the Directives and Guides.	Able to produce prepackaging log of activities as well as demonstrate label generation for these medications.

Pill Line-Directly Observed Therapy	Employee able to distinguish between KOP prescription preparation and Pill Line prescription preparation.	1 hour	<ol style="list-style-type: none"> 1. Employee will receive eHR (or equivalent for sites using paper charting) regarding prescription fulfillment process for Pill Line distribution. 2. Employee will receive training from nursing regarding medication distribution and administration at local site for familiarity of processes. 3. Employee will receive CIPS training for Medication Administration Record production from the CIPS program. 	Review of nursing Medication Administration Records and interview detailing the Pill Line distribution process. Review of medical record showing documentation of pill-line order and fulfillment by pharmacy.
Medication Recall System	Employee able to monitor medication recalls and initiate the process of obtaining dispensed medications involved in the event of a recall.	1 hour	<p>Employee will:</p> <ol style="list-style-type: none"> 1. Read the Directives and Guides regarding logging of prepackaged medications. 2. Receive CIPS training to be able to generate a report detailing dispensing records of medications. 3. Receive training to utilize on-line monitoring of drug recalls or VA Prime Vendor notification of recall alerts and provide archived file of recall notification reviews. 	Discussion with employee detailing implemented processes for the monitoring, identification and recall of medications and review compiled recall notification file.
Patient Counseling Incoming Detainee Medications	Employee able to provide patient counseling of medication use, as well as ensure continuation of drug therapy for incoming detainees.	1 hour	<ol style="list-style-type: none"> 1. Employee to receive training from intake nurse to familiarize process for detainee screening regarding medication continuation and receive direction from the Clinical Director regarding medication continuation orders to ensure no delay in medication therapy as detailed by LOP. 2. Employee to receive medical records training to ensure proper documentation of all patient encounters. 	Chart review of detainee counseling documented properly, as well as interview regarding process details for the continuation of medication for incoming detainees.

Patient Counseling Incoming Detainee Medications	Employee able to provide patient counseling of medication use, as well as ensure continuation of drug therapy for incoming detainees.	1 hour	1. Employee to receive training from the intake nurse to become familiar with the process for detainee screening regarding medication continuation and receive direction from the CD regarding medication continuation orders to ensure no delay in medication therapy as detailed by LOP. 2. Employee to receive medical records training to ensure proper documentation of all patient encounters.	Chart review of detainee counseling documented properly, as well as interview regarding process details for continuation of medication for incoming detainees.
Drug Utilization Evaluations – Performance Improvement (PI)	Employee able to evaluate and implement changes and/or training for deficiencies in prescribing.	1 hour	1. Employee to receive training regarding the drug utilization evaluation component of PI.	Review of Drug Utilization Evaluation within the quarterly PI report.
CIPS	Employee able to work with CIPS.	2 hours	1. Employee to receive training on CIPS functions, performance, data entry and reports.	Can enter data into CIPs and produce labels, reports, MARs and other required documents.

Orientation Establishment: Above orientation has been provided and discussed. A signature indicates the employee received and understood materials for the orientation.

Employee Signature: _____ **Date:** _____

Orienting Pharmacist Signature: _____ **Date:** _____

Orienting Pharmacist Signature: _____ **Date:** _____

APPENDIX 2: Pharmacist Competency Form

SECTION II – COMMENTS (*Explain any rating that is “Unacceptable”*)

NAME OF PHARMACY CONSULTANT	SIGNATURE	DATE (MM-DD-YYYY)
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Appendix 3: Clinical Pharmacist Annual Competency Assessment

CLINICAL PHARMACIST ANNUAL COMPETENCY ASSESSMENT

Name: _____ Facility: _____ Date: _____

Instructions:

1. Clinical Pharmacist Competency Assessments will be conducted annually for pharmacists providing direct patient care by the collaborating physician.
2. Record at the top of each page the name of the pharmacist being assessed and the date the pharmacist is being assessed.
3. Pharmacists may not proceed with a collaborative practice agreement unless all segments are marked acceptable. Unacceptable findings may be remediated with the collaborating physician and re-assessed after 10 days.
4. Place the completed form in the pharmacist's credential file.

Task/Process	Acceptable	Unacceptable
CLINICAL CARE FUNCTIONS		
Describe the components, content and organization of the health history (e.g. chief complaint, history of present illness, past medical history, etc.).		
Perform a medication history including <ol style="list-style-type: none">a) appropriate medication history documentationb) drug allergiesc) use of OTC products or herbal therapiesd) an assessment of the patient's compliance with treatmente) response to therapyf) presence or lack of adverse reactionsg) a plan for any indicated interventions or other corrective action, if indicated.		
Monitors high risk medications more commonly associated with adverse outcomes		
Able to perform Drug Utilization Evaluations		
Able to identify and report on inappropriate drug therapy triggering poor outcomes		
Able to identify patients utilizing five or more medications concurrently and screen for inconsistencies		
Appropriately reviews and submits non-formulary requests		
Appropriately suggests medication therapy adjustments as indicated through the use of selected disease state markers		

Pharmacist Name: _____

Date: _____

Task/Process	Acceptable	Unacceptable
Pharmacist is actively involved in the Performance Improvement process. Improvement measures have been implemented and outcomes data is available.		
Demonstrates use of Up-To-Date and/or Lexicomp on-line reference materials		
Performs Medication Management Reviews per Collaborative Practice Agreement or function (Diabetes, Anticoagulation, etc.)		
Fosters collaborative/team based environment		

PHYSICAL ASSESSMENT		
Begins patient encounter with review of patient record, intake assessment, progress notes, etc.		
Conducts a health and medication history interview. May defer physical exam if patient reports serious urgent medical or mental health condition and care is transferred to a higher-level provider.		
Demonstrates appropriate technique for measuring patient vital signs.		
Performs head to toe physical assessment, including but not limited to: <ul style="list-style-type: none"> a) HEENT b) Neurologic c) Skin d) Thoracic region e) Abdomen f) Extremities g) Mental status 		
Interprets newly reported patient symptoms and describes in medical terminology that facilitates either a differential diagnosis or presentation to a physician for a differential diagnosis.		
Applies the information obtained from a health history, complete with review of systems, to monitor a real or simulated patient's response to a given drug for a general condition (e.g. pain) and identifies any adverse drug reactions.		
DOCUMENTATION		
Classifies all findings as subjective or objective appropriately.		
Given a patient interview, history, physical findings and laboratory data, decides which findings are most appropriate to include in the encounter note.		

Pharmacist Name: _____

Date: _____

Task/Process	Acceptable	Unacceptable
Writes assessments and plans that are accurate, clear, and concise.		
Reports significant findings to Clinical Director or physician		
SYSTEM-BASED PRACTICE		
Immunization certified and able to perform vaccinations if applicable		
PRACTICE-BASED LEARNING & IMPROVEMENT		
Accepts responsibility to promote safe staff/patient environments and corrects negative impacts: Reports unsafe practices/procedural problems to Quality Management/Chief Pharmacist/Health Services Administrator		
Acquires CE supporting area of care		

List all collaborative practice agreement areas of care for pharmacist being assessed and/or regional specialty, e.g., Diabetes, Hypertension (as applicable):

1. _____ 3. _____
2. _____ 4. _____

Location of Review: In-person Remote

Clinical Pharmacist (Printed) _____

Clinical Pharmacist (Signed) _____ Date _____

Collaborating Physician/Clinical Director (Printed) _____

Collaborating Physician/Clinical Director (Signed) _____ Date _____

CC: Credential File

References:

1. IHSC Berks family residential center healthy physical assessment exam form
2. IHSC NP/PA orientation and yearly competencies
3. University of New Mexico College of Pharmacy physical assessment for pharmacist checklist
4. BOP pharmacist competency form

APPENDIX 4: Monthly Narcotic Inventory Guide/Form (Sample)

APPENDIX 5: After Hours Medication Log (Sample)



ICE HEALTH SERVICE CORPS

After Hours Medication Log

Facility: _____

Date:						
Patient's A#:						
Patient's name:						
Initials of medical staff removing meds						
Provider's name ordering meds						
Documented in EMR & chart review sent to provider? (circle)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Acyclovir 400mg						
Amitriptyline 25mg						
Amlodipine 10mg						
Amoxicillin 500mg						
Amoxil/Clavu500mg/125mg						
Aspirin EC 81mg						
Azithromycin 250mg						
Captopril 25mg						
Cephalexin 500mg						
Ciprofloxacin 500mg						
Citalopram 10mg						
Clindamycin 300mg						
Clonidine 0.1mg						
Diphenhydramine 25mg						
Doxycycline 100mg						
Fluoxetine 20mg						
Furosemide 20mg						
Glipizide 5mg						
Glyburide 5mg						
Haloperidol 2mg						
Hydrochlorothiazide 25mg						
Hydroxyzine 25mg						
Labetalol 200mg						
Lisinopril 20mg						
Meclizine 25mg						
Metformin 500mg						
Metformin 850mg						
Methylprednisolone 4mg						
Metoprolol 50mg						
Metronidazole 250mg						
Mirtazapine 15mg						
Naproxen 500mg						
Nitroglycerine 0.4mg						
Olanzapine 5mg						

Paroxetine 20mg						
Penicillin VK 500mg						
Phenytoin 100mg						
Prednisone 5mg						
Ranitidine 150mg						
Risperidone 2mg						
Sertraline 50mg						
Sulf/Trim(Bactrim DS®)						
Trazodone 100mg						

APPENDIX 6: Pharmacy Benefits Letter (Sample)

Dear Pharmacy Provider and Jail/Custodial Facility:

The **ICE Health Service Corps (IHSC)** provides limited prescription drug coverage for individuals in the custody of the Immigration and Customs Enforcement (ICE), the United States Border Patrol (USBP) and the Office of Refugee Resettlement (ORR) through the **Script Care, Ltd. Pharmacy Network**.

Please note the plan does not use a standard ID card.

Please submit the prescription using the Detainee's 9 digit Alien ID Number (if ID Number is less than 9 digits use preceding 0's if needed: '012345678') and no two-digit person code.

Please submit claims electronically as follows:

BIN Number: 004410

Processor Control Number: DIHS

Detainee Name*:

Detainee Number*:

Detainee DOB*:

Today's Date*:

Group Number: DIHS0140 (Elizabeth)**

***Required Information -To be completed by Jail/Custodial facility. For Detainee Number, please utilize the Detainee's 9-digit Alien ID Number.**

**** Jail/Custodial facility responsible for providing to the pharmacy. For "Group Number", please enter the IHSC facility code for your Jail/custodial facility. If you are unsure what IHSC facility code to use, please call your IHSC Managed Care Coordinator.**

If you have any questions regarding pharmacy prior authorizations or claim submission, please contact

Script Care's Pharmacy Help Desk at 1-800-880-9988.

Thank you,

ICE Health Service Corps (IHSC)

APPENDIX 7: Script Care Participating Pharmacy List

A&P PHARMACIES
ACCESS HEALTH
ACME PHARMACY
ALBERTSON LLC
ALLSCRIPTS
BARTELL DRUGS
BROOKSHIRE PHARMACY
CVS
DILLON PHARMACY
DOC'S DRUGS LTD
DUANE READE
FAMILY PHARMACY
FRED MEYER
GIBSONS SALES dba DRUG EMPORIUM
HARPS FOOD STORES INC
HEB PHARMACY
HOMELAND STORES INC
HY-VEE, DRUG TOWN
KROGER PHARMACY
LONGS
MANAGED PHARMACY CARE
MARTIN'S SUPER MARKETS
MEDICAP PHARMACIES INC
MEDICINE SHOPPE
MEIJER PHARMACY
MINYARDS
MORRIS & DICKSON
NCS HEALTHCARE
PAMIDA PHARMACY
PHARMERICA
PUBLIX
RALEY'S/BEL AIR/ NOB HILL
RITE AID PHARMACY
RX PRIDE PHARMACY
SAFEWAY PHARMACY
SAVE MART
SCOLARIS
SUPER RX PHARMACY
TARGET PHARMACY
THE PHARMACY COOPERATIVE
TOPS
UNITED SUPERMARKETS LTD
WALGREENS
WINN DIXIE

APPENDIX 8: Pharmacy Consultant Audit Form



IHSC Pharmacy Consultant Inspection Report

Date(s) Inspection was performed: _____

Name of the Facility: _____

Name of the Chief Pharmacist: _____

	Yes	No	N/A
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Copy of pharmacist's orientation(s) to site and position on file in clinic
Copy of pharmacist's annual competency form(s) are maintained on file in clinic
Pharmacist(s) licensure is active
Facility DEA Certification is active
Current Local Operating Procedures exist for the Pharmacy
Monthly and Quarterly Pharmacy reports completed per IHSC Policy
Documentation of monthly inspection of all drug storage areas are maintained in the pharmacy
Monthly narcotic perpetual inventory conducted and maintained on file in the pharmacy
All prescriptions for controlled substances and narcotics are written on prescription blanks (HRSA-17-2)
Medication errors are reported in Incident Reports (IHSC 010) and maintained as part of Performance Improvement program.
Medical facility adheres to approved formulary system.
Non-formulary requests processed according to IHSC National Policy and Procedure.
Access to the pharmacy is being followed per policy
Access to narcotic cabinet is being followed per policy
All narcotics/controlled substance stored in safe or locked cabinet per policy.
Pharmacy area is clean, neat and orderly.
Drugs requiring refrigeration are refrigerated.
Floor of medication preparation area free of stored items.
Ceiling area in medication preparation area free from stored items (at least 18" clearance from ceiling).
Designated, secure area for storage of expired drugs until disposal exists.
Procedure exists for routine removal of out dated or deteriorated drugs.
Clinic has medication recall system.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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46			

System exists for return of detainee personal medication upon discharge from facility.

Drug sensitivity labels are used on the front of the medical record as indicated.

“Medication Only” sign is on refrigerator if medications stored in refrigerator.

“NOT AN EXIT” sign on appropriate doorways in pharmaceutical area.

“EXIT” sign on appropriate doorway in pharmaceutical area.

Invoices maintained on medications (VA prime vendor/contracted mail order pharmacy) received.

Temperature log maintained for refrigerator and drug storage area.

Pill-line Procedures are being followed per SOP and LOP.

OTC cabinet content are in date and appropriate according the formulary system.

All items dispensed from OTC cabinets are recorded and accounted for.

Night cabinet (After Hour Medication) is maintained for after hours drug

The system is in place for Night cabinet (After Hour cabinet) medications' accountntability.

Procedures are established and followed for use of night cabinet items.

All items dispensed from night cabinets are recorded and accounted for.

The urgent care cart is kept locked with a plastic break away seal.

All urgent care cart drug items are dated and within expiration dates.

Documentation shows that urgent care cart drugs are checked monthly.

An adequate and proper supply of antidotes and other emergency medications are readily available to staff.

Medication profile is maintained in each patient medical record.

All medication orders are entered in patient medical record.

All medication orders are either filled by in-house pharmacy or off-site contract pharmacies.

All prescriptions are filled according to established professional guidelines, including appropriate labeling and documentation in the chart of medication dispensed.

All narcotics, psychotropic, TB treatment medications and other restricted items in the formulary are administered via direct observed therapy (All medications are on PL)

Medical facility has access to 7 day a week pharmacy services including off-site contract pharmacy.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	
47				All prescriptions for narcotics/controlled substances are filled by a pharmacist or physician.
48				Internal medications are separated from external products.
49				All medications are stored under proper conditions of sanitation, light, temperature, moisture, ventilation and security.
50				All medication is used within its expiration date.
51				Medical devices in the pharamcy are stored appropriately and within expiration dates.
52				Available drug and pharmacy references (on-line references) are adequate for medical facility.
53				Available drug and medical supply storage spaces are adequate for medical facility.
54				Available medication preparation and dispensing space is adequate for medical facility.
55				Performance Improvement activities address drug utilization.
56				Performance Improvement program addresses other drug related topics as needed.
57				Verbal medication orders are only accepted in emergency situations.
58				Detainees are offered medication counseling.
59				All electrical equipment in pharmaceutical area checked by Biomedical Technician on a periodic basis (not less often than annually).
60				Medwatch forms and other on-line reportings are available to report adverse events or product problems.
61				KOP meds are not issued to detainees in segregation per providers' order

Comments from the pharmacist:

Pharmacy Consultant Signature: _____

Date: _____ / _____ / _____

Comments:

APPENDIX 9: IHSC Non-Formulary Forms

ICE Health Service Corps Request for Non-Formulary Medication

Date: _____ SPC Name: _____

Generic and Brand name of non-formulary medication (including dosage form):

Request for (Select one): Medication continuance New medication

Please answer the following questions:

1. Indicated use of this medication: _____
2. Why must this medication be used instead of IHSC Formulary medication?

3. Have formulary alternatives been tried? (If yes, list with usage results)

Requesting Provider Name: _____

Clinical Director Approval: _____

Local Pharmacy's Section:

Cost/bottle: _____
(Include bottle size)

Pharmacist's Signature: _____

IHSC Medical Director's Section:

Approved Disapproved

If disapproved, state reason for denial:

Medical Director's Signature _____

Date _____

Last Name:	First Name:
A#:	Country of Origin:
Date of Camp Arrival (DCA):	DOB:
Medical Clinic:	Sex:

eCW Printed Non-Formulary Request Form



U.S. Immigration
and Customs
Enforcement

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT CORRECTIONAL HEALTH SERVICES

REQUEST FOR RESTRICTED/ NON-FORMULARY DRUG

PATIENT'S LAST NAME:	FIRST NAME:	SubID:
A: _____	DATE: 12/06/2013	FACILITY: Elizabeth Contract D.F. HOUSING AREA: ___

PART I (TO BE COMPLETED BY PRESCRIBER)

1. GENERIC BRAND NAME	Terbinafine HCl	DOSE: 250 MG
2. PRESCRIBING DIRECTIONS	1 tablet 250 MG Orally Once a day x 14 days	
3. DIAGNOSIS	Others	
4. ADVANTAGE OF THIS DRUG OVER A FORMULARY DRUG		
5. WAS PATIENT ON THIS MEDICATION AT HOME?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. IS THIS A RECOMMENDATION FROM THE HOSPITAL/CLINIC?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7. DRUGS BEING REQUESTED:	<input checked="" type="checkbox"/> NON-FORMULARY <input type="checkbox"/> RESTRICTED	
8. REQUESTED BY:	Wallace George Francis DPM	DATE/TIME: 12/06/2013 08:47 AM
9. APPROVING PHYSICIAN SIGNATURE		DATE/TIME: _____
10. TELEPHONE APPROVAL OBTAINED FROM:		DATE/TIME: _____

PART II (TO BE COMPLETED BY PHARMACIST)

A. FORMULARY ALTERNATIVES DISCUSSED WITH PRESCRIBER? YES NO

B. FORMULARY APPROVAL PROCESS COMPLETED? YES NO

C. PHARMACIST'S REVIEW:

[Handwritten signature]

PHARMACIST SIGNATURE: *[Handwritten signature]*

DATE: _____

Pharmacist's review should document any result of chart review including risk of prescribed therapy or suggested alternative and any discussion with the prescriber regarding the medications choice. Review should also include whether non-formulary or alternative medications was dispensed and whether medications was available or required special order.

REVIEWED BY PHARMACY & THERAPEUTICS COMMITTEE:

DATE: _____

References

Performance-Based National Detention Standards (PBNDS):

PBNDS 2011 (As Modified By February 2013 Errata):

- 1.2, II: Expected Outcomes.
- 1.2, V., A., 1: General Environmental Health.
- 1.2, V., B., 9: Poisonous Substances.
- 1.2, V., D., 1: Needles and Other Sharp Objects.
- 1.2, V., D., 4: Inventory.
- 4:3, V., C., 2: Tuberculosis (TB) Management.
- 4.3, V., C., 4: Bloodborne Pathogens.
- 4.3, V., G.: Pharmaceutical Management.
- 4.3, V., H.: Nonprescription Medications.
- 4.3, V., S.: Delivery of Medications.
- 4.3, V., U.: Special Needs and Close Medical Supervision.
- 4.3, V., W.: Continuity of Care.
- 4.4, V., D.: Preventive Services.

American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition;

4-ALDF-4C-38, Management of Pharmaceuticals.

4-ALDF-4C-39, Nonprescription Medication.

Adult Correctional Institutions (ACI), 4th edition;

4-4378

4-4379

4-4365, Health Appraisal.

4-4366, Health Appraisal.

Performance-Based Standards for Correctional Health Care in Adult Correctional Institution;

1-HC-1A-35

1-HC-1A-22

1-HC-1A-36

National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014:

J-C-05: Medication Administration Training.

J-D-01: Pharmaceutical Operations.

J-D-02: Medication Services.